

FILED NOV 15 1948

Registration District No. **23**

Primary Registration District No. **6094**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Sweet Springs, Rural Salt Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Highway 40, 2 mi. East Sweet Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Entire Life** years, months or days

3. (a) PRINT FULL NAME **George Jarvis Armentrout**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 8 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 27 hr. min.

9. Birthplace **Sweet Springs, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter & Painter**

11. Industry or business

12. Name **Louis Armentrout**
13. Birthplace **Sweet Springs, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Bailey**
15. Birthplace **Sweet Springs, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leslie Hall**
(b) Address **Sweet Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Springs, Mo.**

18. (c) Signature of funeral director **L. T. Parker**

(b) Address **Sweet Springs, Mo.**

19. (a) **11/5/48** (b) **Dolly Andrew**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **3**
year **1948** hour **6** minute **1** M.

21. I hereby certify that I attended the deceased from **investigate the death** 19 **11/8**
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Auto mobile accident - on Highway 40. While on road home from work -**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **No.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** 97
(b) Date of occurrence **Nov 3, 1948**

(c) Where did injury occur? **Saline Co. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 40, 2 mi. East Sweet Springs, Mo.

(e) Means of injury **While at work**

23. Signature **L. T. Parker** (M. D. or other) **3**

Address **Mass. Mo.** Date signed **11-5-48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-12-48

NOV 23 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.